



Special Event Permit Application

APPLICATION DATE: _____ Rcvd by: _____ (City Employee Initials) PD: _____

DATE: _____ LOCATION: _____ PRODUCER: _____

The Applicant must submit this application with all the required documentation as follows:
(each attachment should be a separate document)

PLEASE NOTE: Applicant is the Responsible Person/Producer requesting the permit

- a. Completed application, signed by the Applicant (pages 1 - 2)
- b. **Notarized** signature of Titleholder (property owner) of property (page 3)
- c. **Notarized** Hold Harmless Agreement (page 4)
- d. **Notarized** S.A.V.E. Affidavit by Applicant (page 5)
- e. **Notarized** E-verify Affidavit by Applicant, reference the Producer (page 6)
- f. A copy of the Applicant's current driver's license
- g. Plat or drawing of the property depicting all existing buildings, structures, parking, and curb cuts on the property where the Special Event is to be held and that property immediately adjacent; should include locations of temporary structures/set up, for example toilet facilities and parking

MUST BE APPROVED BY THE FIRE MARSHAL AND BUILDING INSPECTOR

- h. A copy of a valid occupation tax certificate issued to the producer by a jurisdiction in Georgia; if the producer does not have one, we will collect an occupation tax from the business-this requires additional documents
- i. If Producer is a corporation or LLC, copy of registration documents from the Georgia Secretary of State
- j. Schedule of proposed activities, including a description of each vendor (must be updated if there are changes)----Food vendors must possess a valid food service permit/mobile unit food service permit
- k. A plan for responding to medical and other public safety incidents/emergencies
- l. A plan for parking, along with plans for restroom facilities and collection and removal of garbage, trash and any other waste
- m. A plan for vehicular/pedestrian traffic, crowd and traffic control, and security
- n. Copies of notices informing residents and businesses adjacent to the event area
- o. Proof of comprehensive liability insurance, including \$1,000,000 for personal injury per person and \$1,000,000 for property damage, naming the City as an additional insured
- p. Check, money order or cash in the amount of \$100.00 for the permit fee
- q. Copy of 501(c)3 and/or registration per OCGA 43-17-1 et seq., if applicable
- r. If desire signage, request Sign Permit application from City Hall
- s. Request for Off-Duty Employment of City of Hiram Police Officer(s) (pages 7 - 8)

****If upon review by staff, the application is incomplete, missing required documentation, missing payment, or unclear, it will not be processed until all information is provided*****

- Special Events involving alcohol will require additional licensing; contact Melissa at (770) 943-3726, extension 2013.
- Any changes must be reported immediately.
- **IT IS THE APPLICANT'S RESPONSIBILITY TO BE KNOWLEDGEABLE OF ALL FEDERAL, STATE AND LOCAL REGULATIONS FOR THE ACTIVITY REQUESTED.** Visit www.cityofhiramga.gov and select Code of Ordinances to view Chapter 7, the City of Hiram's Special Events Ordinance.
- The application is subject to denial; the Permit may be revoked; the Permit may not be assigned or transferred.
- Permits issued must be posted in a visible location on site.
- A viable permit is signed by the City Manager (or his designee) and is sealed with the City of Hiram Seal. Photocopies cannot be used in lieu of an original permit.

THE CITY OF HIRAM REQUIRES A MINIMUM OF 60 DAYS IN ORDER TO REVIEW, VERIFY DOCUMENTATION AND ISSUE YOUR PERMIT. NO EXCEPTIONS. YOU WILL BE CALLED WHEN YOUR PERMIT IS READY FOR PICKUP.

By signing this page you understand the requirements and agree to abide by all current ordinances and regulations regarding your permit to be issued. Failure to comply will result in immediate revocation of permit.

APPLICANT SIGNATURE

DATE

PRINTED NAME OF APPLICANT

PLEASE PRINT ALL INFORMATION:**APPLICANT MUST COMPLETE PERSONAL/BUSINESS/EVENT INFORMATION:**

Person Completing Application/Responsible Party: _____

Address: _____ City: _____ State: _____ Zip: _____

Responsible Person Contact Phone: _____

Producer of Event:

Organization Name: _____ Address: _____

Mailing Address: _____ Phone: _____

Email Address: _____

Georgia Sales and/or Use Tax Certificate Number (or an explanation of exemption): _____

Current Occupation Tax Certificate Number and Issuing Jurisdiction: _____

Identify any location within the prior 12 months where the Producer has conducted a similar Special Event: _____

Special Event Information:

Location of Property Where Event is to take place: _____

Address / Nearest intersection or cross streets / Name of shopping center / Neighborhood

Parcel ID No. for property: _____ (you must provide this number in order for permit to be considered)

Description of Special Event: _____

Dates and hours of operation: _____

Estimated number of participants: _____

Will alcohol be at the Event? Yes or No

If Yes, provide complete details: _____

Description of City services needed/requested: (if you need more space, attach additional sheet)

Police _____

Public Works _____

Other _____

Do you contemplate use or need of any of the following?: Yes or No (If Yes, circle all that apply below)

♦Closing (full or partial) a street

♦Providing or selling merchandise, food or beverages, where otherwise not allowed

♦Tent, canopy, stage, trailer, grandstand, bleachers, or other structure

♦Placement and use of portable toilets

♦Signage

♦Blocking or obstructing public property

♦Pyrotechnics or sound amplification devices

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE _____ DAY OF _____ IN THE YEAR _____.

Notary Public Signature_____
My Commission Expires_____
Seal

TITLEHOLDER MUST COMPLETE INFORMATION:

Name of Property Titleholder: _____

Contact person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Titleholder contact phone: _____

Signature must be Notarized Below / Application not accepted without notary signature

I, as titleholder/representative/approved agent, hereby grant permission for the above-referenced activity on my property.

Titleholder Signature: _____

*SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE _____ DAY OF _____ IN THE YEAR _____.*_____
Notary Public Signature_____
My Commission Expires_____
Seal

HOLD HARMLESS AGREEMENT

_____ **[NAME OF PRODUCER]** agrees that it shall defend, pay, and hold harmless the City, its elected and appointed officials, employees, and agents from any and all liability for claims of personal injury(ies) and property damage(s) resulting from any acts or omissions occurring during the special event:

[INSERT NAME OF EVENT AND PERMIT NO.], inclusive also of any claims for attorneys' fees and costs connected with such claims, except for such claims arising solely from the negligent acts of the City, its elected and appointed officials, employees, and agents.

 Signature

 Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE _____ DAY OF _____ IN THE YEAR _____.

 Notary Public Signature

 My Commission Expires

 Seal

CITY OF HIRAM

S.A.V.E. Affidavit Verifying Status for Business Transactions with City of Hiram

By executing this affidavit under oath, as an applicant for a City of Hiram *Special Event Permit*,

I am stating the following with respect to my application to The City of Hiram for the license, permit or other public benefit as indicated above.

_____ [Applicant's Name]

_____ [Name of Business]

[check the blank that applies below]

1) _____ I am a **United States citizen** 18 years of age or older and have provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit, which can best be described as:

OR

2) _____ I am a **legal permanent resident** 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.* All persons that check this box must be verified through DHS's SAVE program. (Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

In making the above statement under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. Section 16-10-20.

Signature of Applicant

Date

NOTARIZATION REQUIRED:

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 20__.

Printed Name

Notary Public

*Alien Registration number for non-citizens

My Commission Expires: _____

***Note:** O.C.G.A. § 50-36-1(3)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Alternate Identifying number for qualified aliens who do not have an A.R. number

Return to: City of Hiram, 217 Main Street, Hiram, GA 30141

Please supply an E-mail address which the City may use for any future correspondence to your firm or to request this form in subsequent years:

E-mail _____

Private Employer / E-Verify Affidavit

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10) employees**¹.

***** If you select Section 1(A), please fill out Section 2 and then execute below. *****

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer employees**.

***** If you select Section 1(B), please skip Section 2 and execute below. *****

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

E-Verify Number
(Federal Work Authorization User Identification Number)

____ - ____ - 201____
Date of Authorization

THIS FORM MUST BE NOTARIZED

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on ____ of ____, 201____ in _____,
Day Month Year City State

Name of Employer

X _____
Signature of Authorized Officer or Agent

X _____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 201____.

NOTARY PUBLIC

My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

Hiram Police Department

Request for Employment of Off Duty Hiram Police Officer

Date: _____

Name of Requestor/Employer: _____

Business: _____

Address: _____

Scope of Employment: _____

Date(s) of Employment & Hours: _____

(Minimum of four hours) 24 hr. cancellation required or 4 hours per officer required. Lt. Mike O'Neal 678-776-8932, Sgt. Mike Wilson 770-500-7745

Will Officer(s) be covered by employer's workers compensation plan? _____

If covered, attach statement of coverage from employer.

Rate of Pay: \$35.00 an hour

Number of Officers needed for detail: _____

Employer/Business Owner/Rep. Signature

Date

| <i>Official Use Only</i> | | <i>Official Use Only</i> | |
|--------------------------------|--|----------------------------|--|
| Approved _____ Denied _____ | | | |
| Uniform Patrol Commander _____ | | Date _____ | |
| Approved _____ Denied _____ | | Approved Rate of Pay _____ | |
| Chief of Police _____ | | Date _____ | |

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